

Request for Bariatric Surgery Coverage

You must answer all questions for your information to be submitted for medical review.

Subscriber I.D. number (located on the front of your UMP I.D. card): W _____

Your date of birth (mm/dd/yyyy): _____

What is your age in years? _____

How tall are you without shoes (feet and inches)? _____

About how much do you weigh without shoes, in pounds? _____

What is your gender?

Male ☐ Female ☐

Have you been diagnosed with diabetes?

Yes ☐ No ☐

What was your most recent hemoglobin A1C? _____

Have you been diagnosed with high blood pressure?

Yes ☐ No ☐

Have you been diagnosed with sleep apnea?

Yes ☐ No ☐

Have you been diagnosed heart disease?

Yes ☐ No ☐

Have you been diagnosed with high cholesterol or high lipids?

Yes ☐ No ☐

What medications are you currently taking? _____

What is your daytime phone number? (____)_____-_____
(please include your area code)

Your answers to this questionnaire will be reviewed by UMP Medical Review staff to determine if your medical condition fits UMP criteria for coverage of obesity (bariatric) surgery. You will receive a letter within 14 days letting you know if you have been accepted into UMP's presurgical program.

If UMP finds that you do not meet the criteria for coverage, your letter may have additional information about other weight-loss options (which may not be covered by UMP PPO). With or without obesity surgery, you must eat less and exercise more to achieve long-term weight loss.

If UMP finds that you do meet the criteria for UMP's obesity surgery presurgical program, your letter will have the phone number of a UMP case manager for you to call and set up a phone appointment. During that appointment, the case manager will explain the presurgical requirements. After you have met all requirements, the UMP Medical Director will review your file. The UMP Medical Director will then make the final determination whether UMP PPO will cover obesity surgery for you.

Please **do not** send any other paperwork or records at this time. Send this completed form to:

**Uniform Medical Plan
Obesity Surgery Request
PO Box 34578
Seattle, WA 98124-1578**